

NATIONAL GUARD BUREAU SUGGESTION

(The proponent is NGB-HR)

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 4503, 10 USC 1124, E.O. 9397, and PL 96-527.

PURPOSE: To record all factual information pertaining to a suggestion.

ROUTINE USES: In the event the suggestion is adopted, the personal information provided by the suggester(s) is used to process a cash, noncash, or honorary award. SSN is used for positive identification.

DISCLOSURE IS VOLUNTARY: Failure of the individual to provide a SSN and address may result in lack of appropriate recognition for an adopted suggestion since the SSN is used to positively identify the suggester(s) , and the mailing address may be used to forward awards.

SUBJECT OR SUGGESTION:	SUGGESTION NO. NGB ()
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NOTE: Notify Suggestion Program Manager of address changes.

1a. SUGGESTER PERSONAL INFORMATION *(Primary Contact)*. Indicate percentage of contribution prior to signing at bottom of this form.

NAME OF THE SUGGESTER <i>(Last, First, Middle Initial)</i>	HOME OR MAILING ADDRESS <i>(Include Zip Code)</i>	
GRADE/RANK/STATUS <i>(Active or Retired)</i>	SSN	OFFICE PHONE <i>(Local and DSN)</i>
INSTALLATION, ORGANIZATION AND OFFICE SYMBOL		POSITION TITLE

1b. CO-SUGGESTER PERSONAL INFORMATION *(Indicate percentage of contribution prior to signing at bottom of this form.)*

NAME OF THE CO-SUGGESTER <i>(Last, First, Middle Initial)</i>	HOME OR MAILING ADDRESS <i>(Include Zip Code)</i>	
GRADE/RANK/STATUS <i>(Active or Retired)</i>	SSN	OFFICE PHONE <i>(Local and DSN)</i>
INSTALLATION, ORGANIZATION AND OFFICE SYMBOL		POSITION TITLE
NAME OF THE CO-SUGGESTER <i>(Last, First, Middle Initial)</i>	HOME OR MAILING ADDRESS <i>(Include Zip Code)</i>	
GRADE/RANK/STATUS <i>(Active or Retired)</i>	SSN	OFFICE PHONE <i>(Local and DSN)</i>
INSTALLATION, ORGANIZATION AND OFFICE SYMBOL		POSITION TITLE
NAME OF THE CO-SUGGESTER <i>(Last, First, Middle Initial)</i>	HOME OR MAILING ADDRESS <i>(Include Zip Code)</i>	
GRADE/RANK/STATUS <i>(Active or Retired)</i>	SSN	OFFICE PHONE <i>(Local and DSN)</i>
INSTALLATION, ORGANIZATION AND OFFICE SYMBOL		POSITION TITLE

I HEREBY AGREE THAT, UPON ACCEPTANCE OF CASH OR NON-CASH AWARD(S), THE USE OF THIS SUGGESTION BY THE UNITED STATES SHALL NOT FORM A BASIS OF FURTHER CLAIM OF ANY NATURE UPON THE UNITED STATES BY ME, MY HEIRS OR ASSIGNS. I UNDERSTAND THAT THIS SUGGESTION MAY BE GRANTED AND AWARD IF IMPLEMENTED BY THE GOVERNMENT, BY WRITTEN NOTIFICATION, OR THROUGH PRACTICAL APPLICATION OF THE IDEA AS A RESULT OF THIS PROPOSAL WITHIN ONE YEAR OF THE DATE OF FINAL ACTION ON THE SUGGESTION.

DATE	SIGNATURE OF SUGGESTER	IF ADOPTED AND ELIGIBLE FOR AWARD, I PREFER:		CONTRIBUTION PERCENTAGE
		CASH	NON-CASH	

2. PRIMARY SUGGESTER PERSONAL INFORMATION		
NAME OF SUGGESTER:	ORGANIZATION AND DSN:	
3. DETAILS OF SUGGESTION		
SUGGESTION TITLE:	SUGGESTION NO.: NGB ()	DATE RECEIVED:
LIST ANY AND ALL ATTACHMENTS		
EXTENT OF APPLICATION <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> ARMY OR AIR FORCE <input type="checkbox"/> OTHER DoD AGENCY <input type="checkbox"/> OTHER FED. AGENCY		
3a. PRESENT METHOD <i>(Describe completely. If necessary continue on bond paper and indicate the block being continued.)</i>		
3b. PROPOSED METHOD <i>(Describe completely. If necessary continue on bond paper and indicate the block being continued.)</i>		
3c. BENEFITS OF PROPOSED METHOD		